If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Minus

Minus

" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 3, enter '3." The "Highest Number Previously Pald For" (Total or Independent) is the highest number found in the appropriate box in column 1.

X\$ 9=

X42=

+140=

ADDIT. FEE

TOTAL

FORM PTO-875 (Rev. 8/01)

U

ENDMENT

Total

Independent

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

X\$18=

XR4-

+280=

ADDIT. FEE

TOTAL

OA

OR

OB

OR